



Fee Assistance Application for Youth Activities

Please complete a separate form for each child

Please print

Parent/Guardian Name _____

Address _____ Apt# _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail address _____

Total number of adults & children in your household (including yourself) _____

Total family income for all family members for this year _____

(If applicable, include child and/or spousal support, MFIP, Social Security, etc)

Child's Name _____ Age _____

Birthdate _____ Gender _____ School _____

My child receives: _____ free school lunches _____ reduced fee school lunches

I certify that all the information I have given on this application is true and the child I want to be considered for the fee assistance credit lives at the address listed above. I understand that any falsification or misrepresentation may disqualify me for fee assistance with the City of Saint Paul Department of Parks and Recreation. Parks and Recreation reserves the right to verify this information to ensure accuracy.

Applicant Signature _____ Date _____

For office use only:

Document shown to prove residency (please list) _____

Staff Name (Please print) _____ Date _____

Bring this form, along with proof of residency, to any recreation center where staff will review the application for completeness and make sure the residency requirement has been met.